

INFORMATION PAPER

SUBJECT: JTF (CapMed) Classification Review

1. BACKGROUND:

a. Federal position classification is codified in law (Title 5, US Code). There are several overarching principles in the law:

- Equal pay for substantially equal work
- Differences in pay must be based on substantial differences in difficulty, responsibility and qualifications

b. In addition to these principles, the law defines fifteen grade levels of work in the General Schedule (GS). The Office of Personnel Management (OPM) uses the legal definitions of these fifteen grade levels as the basis for the development of occupation-specific or broad occupational family classification standards.

c. The purpose of classification standards is to achieve the “equal pay for substantially equal work” principle of Federal position classification. In other words, by having the same classification standards used across all federal departments, OPM sets the stage for classification consistency, government wide. That is why, when we classify jobs, we must compare the duties in the position description (PD) to classification standards; we are not permitted to use any other means of classifying the job, such as job-to-job comparisons.

d. The most important aspect of position classification is the PD. Because the PD outlines the duties, knowledges and abilities required to do the work, the PD sets the pay of the position. Not only that, the content of the PD defines the qualifications needed to do the work and greatly influences the content of vacancy announcements. When the employee is hired and is assigned to the appropriate PD, the supervisor uses the PD to set performance standards and to prepare training or individual development plans. Because the PD is the basis for some many civilian human resources elements, it is vital that the PD be accurate.

2. STATEMENT OF THE PROBLEM:

a. The law requires that jobs be properly classified and authorizes agencies to reclassify jobs as needed. The law also requires that the proper rules be followed when reclassified jobs are implemented.

b. The differences in current MTF structure and business processes combined with the evolving nature of the transition make it very difficult to accomplish a realistic assessment of the current state of position classification in the three Medical Treatment Facilities (MTFs). The good news is that the similar missions and the large proportion of clinical positions can be expected to result in overall consistency of duties for many

clinical occupations. For administrative occupations, it is reasonable to assume that some job descriptions are inaccurate or that the Services use different approaches to accomplishing certain work, i.e. the use of Health System Administrators v. Analysts. It is also reasonable to assume that there are some inconsistencies in the classification of similar/like positions between the three MTFs. There is also a great deal of anecdotal information from department and transition leaders as well as employees that there MAY be issues with internal grading consistency. What we know for certain is that there is keen interest in normalizing/regularizing position classification sooner rather than later.

c. It is also too early to pinpoint how the mission at the new Community Hospital at Ft. Belvoir will impact civilian position classification, although it is reasonable to conclude that significant changes are likely, if only because the mission will be so different from what it was before.

3. PROPOSED PLAN OF ACTION:

a. A meaningful review of much of the new Command cannot be accomplished before transition to the new structure or before organizations have time get themselves fully organized and adapted to the new operational environment. However, meaningful and future-directed classification work has been and is being done.

1) During the past 3 months, CHRC consultants have met with representatives of 99 of 99 departments in the three MTFs to do a line-by-line review of Workforce Maps. When transition leaders were engaged in this review of their new structures, many classification issues were raised that were either dealt with on the spot or were addressed in follow-on meetings.

2) During the workforce mapping, it became obvious that certain organizations are ready to move into the new structure with a minimum of changes to supervisory structure or job descriptions. These organizations are also positioned to begin working on standardized PDs that will carry them into the future state. Organizations in this category include Pathology, OB-GYN, HCOPs and IRMAC.

3) More than a year ago, the CHRC Consultants spearheaded an effort to begin reviewing the classification of administrative and administrative support positions in all three MTFs. It was complicated by the fact that some of the positions were in NSPS and some were in GS. However, that consistency review is nearing completion and while we believe that many of these jobs will change in the new Joint hospital environment, our review gave us a sense of current classifications and how similar work is being treated by the three current MTFs.

b. The following outlines how we propose to systematically review positions in the new hospitals.

1) Identify and task departments/services that are ready, to develop a body of standardized PDs that can be prepositioned for use after transition. Implement standardized PDs as soon as possible after transition to the new Joint hospitals. Task supervisors to systematically review these PDs after one year to ensure they remain accurate. Begin: 7 March and continuing. Responsible POCs: Leslie McGlothlin and Nory Hagerty supported by CHR Classification Working Group

2) Based on information provided by management during workforce mapping, continue to review potential problematic classification issues. Develop options for management to consider; provide advice and assistance on implementation strategies. Begin: 3 Jan 11 and continuing. Responsible POCs: Leslie McGlothlin and Nory Hagerty supported by CHR Classification Working Group

3) Complete the consistency review of administrative and administrative support occupations. Analyze results and use as a baseline document as subsequent reviews are done. Begin: Jan 10 end 1 June 11. Responsible POCs: Leslie McGlothlin and Nory Hagerty supported by CHR Classification Working Group

4) Task all Joint Hospital supervisors and chiefs to review all civilian position descriptions to determine accuracy. Provide feedback to the servicing personnel office so that a plan of action can be developed and timing of reviews can be coordinated across the new Hospitals. Begin: 2 January 2012 end 30 June 2012

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